



DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number. OR ☒ Correspondence address below

Name
Evelyn Waters Parker

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City Stockbridge	State Georgia	ZIP 30281
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Evelyn Waters (maiden)	Family Name or Surname Parker
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Inventor's Signature <i>Evelyn Waters Parker</i>	Date November 24, 2003
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Residence: City Stockbridge	State Georgia	Country USA	Citizenship USA
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Mailing Address
187 Pine Branch Drive

City Stockbridge	State Georgia	ZIP 30281	Country USA
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NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
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Inventor's Signature	Date
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Residence: City	State	Country	Citizenship
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Mailing Address

City	State	ZIP	Country
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☐ Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.